



MINOR INJURY SERVICE SPECIFICATION

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Contracts for Enhanced Services

1 October 2024- 31 March 2030

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MINOR INJURY SERVICE SPECIFICATION

1 INTRODUCTION

This Service Specification along with the Contract Details forms the Local Enhanced Service (LES) for Minor Injury services delivered in primary care.

This service Specification works towards meeting the Scottish Government priorities and NHS Local Delivery Plan (LDP): Outcome 3, Stay well and Outcome 4, Anchor well.

2 CLINICAL SPECIFICATION

Purpose

The eligibility of this contract is for GP Practices out with a 10-mile radius of towns that have a District General Hospital based Emergency Department (ED) / Accident & Emergency (A&E) service and/or a designated Minor Injury Unit (MIU).

Injuries and wounds over 72 hours old should be managed within General Medical Services (GMS) as should any lesion of a non-traumatic origin. Minor injury cases are usually the self-presenting "walking wounded". Advice, including first aid guidance as part of telephone triage, cannot be claimed under this service.

Service Aims

This LES provides a **minor injuries service** in respect of the following types of injuries and circumstances that lead to the use of Minor Injury Services; and is not comprehensive. These patients will be reviewed in a face-to-face appointment and, where appropriate, receive treatment.

- Lacerations capable of closure by simple techniques (stripping, gluing, minor suturing)
- Following recent injury of a severity not amenable to simple domestic first aid
- Following recent injury where it is suspected stitches/gluing/stripping may be required
- Following a minor head injury (not meeting the NICE criteria for transfer to hospital - [Recommendations | Head injury: assessment and early management | Guidance | NICE](#))
- Non-complex, partial thickness thermal burns or scalds (not involving the face, hands, feet, genitalia, or perineum, or any flexural surface such as neck, axilla, elbow or knee) – see NICE CKS 'when should I admit or refer a person with a burn or scald' - [Scenario: First aid and initial management | Management | Burns and scalds | CKS | NICE](#)
- Foreign bodies superficially embedded in tissues

Patients in the following categories are **not appropriate** for treatment or recording by the Minor Injury Service:

- 999 call
- any patient who cannot be discharged home after treatment
- any patient with airway, breathing, circulatory or neurological compromise
- actual or suspected overdose
- accidental ingestion, poisoning, fume or smoke inhalation
- Head injuries meeting the NICE criteria for transfer to hospital ([Recommendations | Head injury: assessment and early management | Guidance | NICE](#))
- sudden collapse; or fall in a public place – patients who self-present to GP and who do not need immediate referral for specialist assessment/treatment and who have a minor

injury suitable for GP assessment and management remain eligible; but these patients should not be directed/signposted to general practice.

- eye injury (direct to optician, if appropriate)
- chemical, biological, or radioactive contamination, actual or suspected
- Burns or scalds as per NICE CKS (including all electrical / chemical burns, full thickness or circumferential deep dermal, non-accidental, associated suspected inhalation injury) - [Scenario: First aid and initial management | Management | Burns and scalds | CKS | NICE](#)
- injuries requiring 'specialist' attention
- new or unexpected bleeding from any bodily orifice, if profuse
- foreign bodies either deeply embedded in tissues, or impacted in bodily orifices; especially in children
- trauma to hands, limbs or feet substantially affecting function
- penetrating injuries to the head, torso, abdomen
- lacerating/penetrating injuries involving nerve, artery or tendon damage
- attendance to an emergency at the request of Scottish Ambulance Service (as covered by BASIC or MIO enhanced service or role)
- immediately necessary treatment of any person to whom the contractor has been requested to provide treatment owing to an accident or emergency at any place in its practice area

Eligible Practices

The following practices are eligible to participate due to their practice or a branch location operating ten or more miles from an A&E or MIU. The service is specific to the postcode location detailed in the table, where the minor injury service will operate from. Participating practices:

Practice	Operating Hours
55075 Dunbeath, KW6 6EZ	
55080 Canisbay, KW1 4YH	
55183 Armadale, KW14 7SA	
55201 Dornoch, IV25 3LS	
55249 Lairg, IV27 4DD	
55253 Lochinver, IV27 4JZ	
55272 Tongue, IV27 4XB	
55287 Helmsdale, KW8 6LF	
55291 Bonar Bridge, IV24 3EP	
55304 Scourie, KLB & Durness, IV27 4SX & IV27 4RP	
55323 Three Harbours, Lybster, KW3 6BQ	
55342 Applecross, IV54 8LS	
55357 Aultbea, IV22 2HU & IV21 2BH	
55376 Dingwall, IV15 9QS	
55381 Fortrose, IV10 8SY	
55395 Lochcarron, IV54 8YQ	
55412 Strathpeffer, IV14 9AG & IV15 9SU	
55427 Tain & District, IV19 1EU	
55431 Tain & Fearn, IV19 1EU	

55446 Torridon, IV22 2EZ	
55451 Ullapool, IV26 2XL & IV26 2YG & IV23 2QY	
55521 Carbost, IV47 8ST	
55535 Dunvegan, IV55 8GU	
55554 Glenelg, IV40 8JD	
55573 Portree, Raasay branch, IV40 8NS & IV51 9AJ	
55639 Kinlochleven, PH40 4QU	
55677 Isle of Eigg, PH42 4RL	
55696 Aird Beaully, IV4 7EA	
55709 Croyard Road, Beaully, IV4 7DJ	
55728 Drumnadrochit, IV63 6UL	
55732 Fort Augustus, PH32 4BH	
55747 Foyers, IV2 6YB	
55930 Kingussie, PH21 1ET	
55944 Laggan, Newtownmore, PH20 1AH	
56025 Ballachulish, PH49 4JB	
56030 Mallaig, PH41 4RN & PH39 4NU	
56523 South Skye, Sleat branch, IV44 8RF	
56538 Cromarty, IV11 8YF	
56576 West Highland, PA80 5XT & PH36 4JU	

Service Criteria

Enhanced service requirement

From 1 October 2024, the practice must:

Confirm that they wish to provide the minor injury LES and have met the training requirements as detailed in the document.

Confirm the postcode location (of the main practice, or branch surgery) is greater than 10 miles (by road) from an NHS Highland ED/MIU, and the information included as an NHS Highland minor injury location. Additional coordinates may be required for the purposes of mapping.

Ensure the correct clinical coding and template is used to ensure compliance with the recording and monitoring requirements of the LES. Including for temporary, immediately necessary patients not registered at the practice.

Provide initial triage, including immediately necessary clinical action to staunch haemorrhage and prevent further exacerbation of the injury.

Good record keeping. Production of an appropriate clinical record using appropriate read codes, adequate recording should be made, to include the patient's clinical history, consent and clinical procedures are documented.

Ascertain suitability for locally based treatment and immediate wound dressing and toilet where indicated. Refer to Greenbook/Raigmore Emergency Department guidance where indicated for guidance on management of Tetanus-prone wounds.

[Tetanus Prophylaxis 2019.pdf \(scot.nhs.uk\)](#)

Provision of appropriate and timely referral and/or follow up arrangements.

Provision of adequate equipment. This includes an appropriate room fitted with a couch and with adequate space and equipment for resuscitation.

Sterilisation and infection prevention and control. It is important that practices providing the minor injury enhanced service in this specification operate to the highest possible

standards. Practices must use disposable sterile instruments. Practices must have infection control policies that are compliant with national guidelines including the handling of used instruments, aseptic technique and the disposal of clinical waste.

Training

Doctors providing minor injury services would be expected to:

- (i) have either current experience of provision of minor injury work, or
- (ii) have current minor surgery experience, or
- (iii) have recent Emergency Department experience, or
- (iv) have equivalent training which satisfies relevant appraisal and revalidation procedures.

Doctors carrying out minor injury services must be competent in resuscitation and, as for other areas of clinical practice, have a responsibility for ensuring that their skills are regularly updated. Doctors carrying out minor injury activity should demonstrate a continuing sustained level of activity, conduct audit data and take part in appropriate educational activities.

Nurses assisting in minor injury procedures should be appropriately trained and competent taking into consideration their professional accountability and the Nursing and Midwifery Council (NMC) guidelines on the scope of professional practice.

Those doctors who have previously provided services similar to the proposed LES and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the LES shall be deemed professionally qualified to do so.

Useful links

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1080599/Green Book on immunisation chapter 30 tetanus.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1080599/Green_Book_on_immunisation_chapter_30_tetanus.pdf)

[Tetanus Prophylaxis 2019.pdf \(scot.nhs.uk\)](#)

Recording of information

At least three codes must be used to meet the requirements of the LES.

1. Minor injury enhanced service claim
2. Informed consent for treatment
3. Coding of appropriate injury/procedure (with text added when 'Other injury used')

Read codes	Screen description	Read code description	When to be used
9kB	Record minor injury	Minor injury - enhanced service administration	For all minor injury consultations - claim
892	NA - automated	Informed consent for procedure	Automated when recording a procedure - claim
S8z..11	Laceration caused by injury	Laceration NOS	When appropriate
7K6G	Closed reduction of dislocation, caused my minor injury	Primary closed reduction of traumatic dislocation of joint	When appropriate

Z1K2	Removal of foreign body from skin	Removal of foreign body from skin	When appropriate
S640111	Minor head injury	Minor head injury	When appropriate
SH9z	Burn Injury	Burn - unspecified	When appropriate
S5z	Sprains and strains	Sprains and strains	When appropriate
S3zz	Fracture of bone	Fracture of bones NOS	When appropriate
7G2z	Primary wound closure	Other skin, subcutaneous tissue and wound procedures NOS	When appropriate
SK1z	Other injury	Other injury NOS	When appropriate

3 QUALITY

The practice should conduct regular reviews of the quality of the service provided and involve all members of the practice responsible for the delivery of the service. Review of this work could examine patient satisfaction, any complications arising from treatment given, wound infection, or clinical outcomes such as the rates of follow-up.

4 FINANCE & SERVICE PRICING

Contract value

Payment per registered patient treated as a minor injury under the LES in primary care - **£127.00**

Consumables are included within the item of service fee.